

 4026	Public Service Commission of Wisconsin (5665) - SPRINTCOM INC Commercial Mobile Radio Service Provider Annual Report For Year Ending December 31, 2004
	Rules for Reporting Assessable Revenue Definitions Help

* - indicates required fields

Signature

I certify that I am the person responsible for accounts; that I have examined the following report and, to the best of my knowledge, information and belief, it is a correct statement of the business and affairs of said utility for the period covered by the report in respect to each and every matter set forth therein.

Utility Name:

Person responsible for accounts: *

Title of person responsible for accounts: *

Date: * (mm/dd/yyyy)

Identification

Utility Name:

Street Address: *

PO Box: PO Box Zip:

City: * State: * Zip: *

Web Site Address:

Business Customers Phone: Example 6085551212 Ext:

Residential Customers Phone: Example 6085551212 Ext:

Primary Utility Contact (located at utility address)

Name: *

Title: *

Firm/Company: *

Office Address: *

PO Box: PO Box Zip:

City: * State: * Zip: *

Fax Number: Example 6085551212

Phone Number: * Example 6085551212

Email Address:

Officer in charge of correspondence concerning this report

Name: *

Title: *

Firm/Company: *

Office Address: 6391 Sprint Pkwy, MS:KSOPHT0101-Z2400 *

PO Box: PO Box Zip:

City: Overland Park * State: KS * Zip: 66251 *

Fax Number: 9133150264 Example 6085551212

Phone Number: 9133153763 * Example 6085551212

Email Address: karine.hellwig@mail.sprint.com

Contact Person for Regulatory Inquiries and Complaints

Name: Scott Freiermuth *

Title: Attorney *

Firm/Company: *

Office Address: 6450 Sprint Pkwy, MSKSOPHN0212-2A409 *

PO Box: PO Box Zip:

City: Overland Park * State: KS * Zip: 66251 *

Fax Number: 9133150785 Example 6085551212

Phone Number: 9133158521 * Example 6085551212

Email Address: scott.r.freiermuth@mail.sprint.com

Assessable Revenues

1) Do you currently provide commercial mobile radio service (CMRS) service in Wisconsin? ☒ (Y/N) *

1a) If not, please state the nature of your entity's business.

1b) If not, do you intend to provide CMRS service in Wisconsin at a future date? ☐ (Blank/Y/N)

2) Do you believe that this year's CMRS revenues have already been reported to the Commission? ☒ (Y/N) *

2a) If yes, provide particulars concerning annual report (utility name and number, report name, page and line number and dollar amount).

2b) If no, provide your assessable revenues (in 000's) for Universal Service Fund assessment purposes.

Wisconsin Gross Intrastate Operating Telecommunications Service Revenue

(000's)

confidential

Annual Report Notes (if applicable)

Assessable revenues are reported as confidential.

Please print this report before submitting it to the Commission. Once the report is submitted you will not be able to print it.